Intestinal Obstruction in a Dog due to Saree Piece

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Introduction

Ingestion of foreign bodies in dog is attributed to their indiscrimate eating habits (Ellision, 1990).Obstruction of the lumen may occur with foreign bodies, intussusception and less commonly adhesions. Linear foreign bodies (thread, nylonstock, string) produce a unique form of intestinal obstruction seen more commonly in cats. The intestine progressively gathers itself in accordion like pleats along the linear foreign body as peristaltic waves continue to attempt to move the irritant along the linear foreign bodysaws through the mesenteric side of the intestine.(Slatter,1993).The present report records a case of intestinal obstruction due to silk thread(saree piece) and its successful surgical treatment.

Case History

A Pomeranian female dog aged 3 years was presented to state institute of animal health, Tanuku with complaint of vomition, anorexia, dullness and passing stool with blood tinge since one week. As per the history dog had accidentally ingested piece of silk saree one week back. Pieces of cloth were defecated now and then.

Clinical Observation

Temperature, pulse and respiration were normal. The dog showed weakness, dehydration, dull and depressed .On rectal examination silk thread was noticed.(fig. 1) On traction thread cannot be pulled out and decided to go for surgery for removal of indigestible silk pieces. Before surgery the dog was infused with 100ml of dextrose and 100ml of ringers lactate.

Surgical Procedure

Ventral midline was prepared for surgery .Dog was premedicated with atropine sulphate @0.04 mg/kg body weight sub cutaneously and general anesthesia with xylazine @1.5mg/kg body weight and

ketamine 5mg/kg body weight. 2% Lignocaine hydrochloride was used as local anesthesia. A ventral midline laprotomy incision was given and the intestine was exteriorized. The segment of intestine prepared for resection and anastomosis was packed off from the peritoneal cavity by layer of gauze pads. The obstructing mass of indigestible silk thread was palpated. Intestinal contents were displaced from resection site. The intestinal clamps were clamped. After placing intestinal clamps, an incision was given on mesenteric border directly over the mass and it was removed very slowly by traction while minimizing the risk of lacerating the intestine. After removal of indigestible thread (fig3) the incision was closed with 1-0 chromic catgut. The intestine was rinsed with Normal Saline in order to prevent drying of tissue and incision was covered with omentum. The abdomen muscles were closed with 2-0 catgut. The skin was sutured with silk with horizontal interrupted mattress.

Treatment

Postoperatively the dog was treated with ceftriaxone @20mg/kg body weight and melonex @2mg/kg body weight along with fluid therapy for 5days.Sutures was removed on 11th day. Eventful recovery was noticed.

Discussion

Foreign bodies in the digestive tract apart from partial or complete obstruction lead to severe inflammation, mucosal laceration and pressure necrosis (Ettinger,1989). Affected animals may lose their appetite and die of starvation (Pass,1985). Similar case of multiple foreign bodies in the lumen of stomach, small and large intestine was reported by Chaudhary et.al (2009).

References

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